

Field Size	Columns (beginning with 352; not to exceed 601)	Question	Response Categories (Code = Response)
State Added Questions – Family Planning			
1	352	<p>Questions are asked of females 18-44 years of age and males 18-59</p> <p>The next few questions ask about pregnancy and ways to prevent pregnancy.</p> <p>FAM1. Have you or your partner been pregnant in the last five years?</p>	<p>Yes Go to FAM2A 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
1	353	<p>FAM2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?</p> <p>Would you say: Please read</p>	<p>You wanted to be pregnant sooner 1</p> <p>You wanted to be pregnant later 2</p> <p>You wanted to be pregnant then 3</p> <p>You didn't want to be pregnant then or at anytime in the future 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
1	354	<p>FAM2A. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant?</p> <p>Would you say: Please read</p>	<p>You wanted to be pregnant sooner 1</p> <p>You wanted to be pregnant later 2</p> <p>You wanted to be pregnant then 3</p> <p>You didn't want to be pregnant then or at anytime in the future 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
State Added Questions - Diabetes			
1	355	<p>I would like to ask you three questions about your best corrected vision, that is, your vision with your glasses or contacts on if you use them.</p> <p>DIA1. How much of the time does your vision limit you in recognizing people or objects across the street?</p> <p>Would you say: Please read</p>	<p>a. All of the time 1</p> <p>b. Most of the time 2</p> <p>c. Some of the time 3</p> <p>d. A little bit of the time 4</p> <p>e. None of the time 5</p> <p>f. Don't know/Not sure 7</p> <p>g. Refused 9</p>
1	356	<p>DIA2. How much of the time does your vision limit you in reading print like in a newspaper, magazine recipe, menu, or</p>	<p>a. All of the time 1</p> <p>b. Most of the time 2</p> <p>c. Some of the time 3</p>

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		<p>numbers on the telephone?</p> <p>Would you say: Please read</p>	<p>d. A little bit of the time 4</p> <p>e. None of the time 5</p> <p>f. Don't know/Not sure 7</p> <p>g. Refused 9</p>
1	357	<p>DIA3. How much of the time does your vision limit you in watching television?</p> <p>Would you say: Please read</p>	<p>a. All of the time 1</p> <p>b. Most of the time 2</p> <p>c. Some of the time 3</p> <p>d. A little bit of the time 4</p> <p>e. None of the time 5</p> <p>f. Don't know/Not sure 7</p> <p>g. Refused 9</p>
State Added Questions - Antibiotic Resistance			
2	358	<p>The next set of questions is about your understanding of Antibiotic Resistance. Please remember that your answers are strictly confidential and that you don't have to answer any question if you don't want to.</p> <p>ABX1 What do you usually do when you get a cold? Check all that apply.</p>	<p>Call a parent or grandparent for advice. 1</p> <p>Call the doctor's office and get advice. 2</p> <p>Go to the doctor's office. 3</p> <p>Go to the emergency room. 4</p> <p>Go to the urgent care room. 5</p> <p>Get advice from a pharmacist. 6</p> <p>Look for advice in magazines, pamphlets, and other printed materials. 8</p> <p>Look for advice on the internet. 10</p> <p>Take over-the-counter medication (such as decongestants and cough suppressants) to relieve my symptoms. 11</p> <p>Rest 12</p> <p>Other (Specify up to 200 characters.</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
1	359	<p>ABX2 When you are sick with a cold or the flu, do you call or see your health care provider to get antibiotics?</p>	<p>All of the time. 1</p> <p>Most of the time. 2</p> <p>Some of the time. 3</p> <p>Never 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
1	360	<p>ABX3 When you get a cold, do antibiotics help you get better faster?</p>	<p>All of the time. 1</p> <p>Most of the time. 2</p> <p>Some of the time. 3</p> <p>Never 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>

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1	361	ABX4 When prescribed an antibiotic, do you take it until it is gone?	All of the time 1 Most of the time 2 Some of the time 3 Never 4 Don't know/Not sure 7 Refused 9
1	362	ABX5 Do you stop taking antibiotics when your symptoms are gone?	No 1 Some of the time 2 Most of the time 3 All of the time 4 Don't know/Not sure 7 Refused 9
1	363	ABX6 In the past, year, did you take antibiotics obtained without a prescription, prescribed for a previous illness, or prescribed for someone else?	All of the time 1 Most of the time 2 Some of the time 3 Never 4 Don't know/Not sure 7 Refused 9
1	364	ABX7 Do you think viral infections can be cured with an antibiotic?	All of the time 1 Most of the time 2 Some of the time 3 Never 4 Don't know/Not sure 7 Refused 9
1	365	ABX8 Are you aware of any health problems to yourself or other people associated with taking antibiotics?	Yes Go to ABX8A 1 No Go to ABX9 2 Don't know/Not sure 7 Refused 9
1	366	ABX8A Explain the problems you are aware of.	Rash/allergies/reactions to antibiotics 1 Concerns related to emerging drug resistance such as the following: 2 - bacteria/germs become resistant/immune to antibiotics/drugs -antibiotics/drugs might start to lose their effect on bacteria/germs Antibiotics may kill "friendly/good" bacteria/flora 3 It's healthy to take antibiotics/drugs in general 4 Other (specify up to 200 characters) 5 Don't know/Not sure 7

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1	367	ABX9 When my child has a sore throat or an earache, I expect my doctor to prescribe an antibiotic:	All the time 1 Most of the time 2 Some of the time 3 Never 4 Don't know/Not sure 7 Refused 9
1	368	ABX10 Do you think there is a good chance that you or someone in your family will get an antibiotic resistant infection sometime in the next ten years?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
State Added Questions - Hepatitis C Risk			
1	369	The next questions are about Hepatitis C. Please remember that your answers are strictly confidential and that you don't have to answer any question if you don't want to. HCV1 Do you know anyone who has been diagnosed as having Hepatitis C?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	370	HCV2 Do you think Hepatitis C can be spread thru:	Sneezing or coughing 1 Kissing 2 Unprotected sex 3 Food or water 4 Sharing needles to inject street drugs 5 Using the same bathroom 6 Contact with blood of an infected person 8 Don't know/Not sure 7 Refused 9
1	371	HCV3 Do you consider yourself at risk of Hepatitis C?	Yes Go to HCV3A 1 No Go to HCV4 2 Don't know/Not sure 7 Refused 9
1	372	HCV3A What level of risk do you feel you are at for Hepatitis C? (Read the following answers)	High risk 1 Moderate risk 2 Low risk 3 Don't know/Not sure 7 Refused 9
1	373	HCV4 Have you ever been tested for Hepatitis C?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	374	HCV5 Have you ever been diagnosed by a	Yes 1

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		physician as having had Hepatitis C infection?	No 2 Don't know/Not sure 7 Refused 9
1	375	HCV6 Prior to 1992, had you ever received a blood transfusion or blood products?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	376	HCV7 Have you ever used a needle or syringe to inject "street" drugs (even once)?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
State Added Questions – Physical Activity-Walking			
1	377	The next questions are about Physical Activity-Walking. Please remember that your answers are strictly confidential and that you don't have to answer any question if you don't want to. PAW1 In a usual week, do you walk for at least 10 minutes at a time [if employed, insert: while at work,] for recreation, exercise, to get to and from places, or for any other reason?	Yes Go to PAW2 1 No 2 Don't know/Not sure 7 Refused 9
2	378	PAW2 How many days per week do you walk for at least 10 minutes at a time:	How many _____ days per week (0-7) Don't know/Not sure 77 Refused 99
1	379	PAW3 On days when you walk for at least 10 minutes at a time, how much total time per day do you spend walking? (if R gives range-choose lowest number).	Hours and minutes per day ____:_____ _____ Don't know/Not sure 7 Refused 9
State Added Questions – Physical Activity-Strength Building			
1	380	The next questions are about Physical Activity-Strength Building. Please remember that your answers are strictly confidential and that you don't have to answer any question if you don't want to. PAS1 In a usual week, do you do any activities designed to increase muscle strength or tone, such as lifting weights, pull-ups, or sit-ups?	Yes Go to PAS2 1 No 2 Don't know/Not sure 7 Refused 9

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2	381	PAS2 How many days per week do you do these activities? (If R gives range-choose lowest number).	_____ days per week (0-7) Don't know/Not sure 77 Refused 99
State Added Questions – Depression			
1	380	The next questions are about Depression. Please remember that your answers are strictly confidential and that you don't have to answer any question if you don't want to. DEP1 Have you been constantly depressed or down, most of the day, nearly every day, for the past two weeks?	Nearly every day 1 Most of the day 2 None 3 Don't know/Not sure 7 Refused 9
2	381	DEP2 In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the times?	Yes 1 No 2 Don't know/Not sure 77 Refused 99

NOTE: YOU MUST PLACE THE NUMBER ONE (1) IN POSITION 620.